

**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health  
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**To:** Health Reform and Public Health Cabinet Committee

**Date:** 14<sup>th</sup> January 2020

**Subject:** Contract Monitoring Report – Targeted Relationships and Sex Education (RSE) and Emotional Resilience Intervention for Girls and Young Women aged 10-16

**Classification:** Unrestricted

**Previous Pathway:** None

**Future Pathway:** None

**Electoral Division:** All

**Summary:**

This paper provides an overview of the contract for 'Targeted Relationships, Sex Education and Emotional Resilience for Girls and Young Women aged 10-16 years old'. The service is called BeFree is provided by Barnardo Services Ltd. It has an annual value of £195,000. The contract is for two years with an option to extend for a further 2 year period in 12 month increments.

The service delivers a Relationship and Sex Education (RSE) and emotional resilience-based intervention to around 250 young people each year, enabling them to make informed choices about the emotional and physical relationships they have and the confidence and emotional resilience to enact those choices.

The service has been operating for a year and this paper provides an overview of performance in the first year. The service has performed well and met or exceeded the majority of targets. The initial contract term ends on the 31 September 2020 and the service is currently being reviewed to inform future commissioning decisions.

**Recommendation:**

The Health Reform Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the performance of the contract and the initial findings of a review of the service that will inform a commissioning decision in March 2020.

**1. Introduction**

1.1. Kent County Council (KCC) commission a Targeted Relationships and Sex Education (RSE) and Emotional Resilience Intervention for Girls and Young Women aged 10 to 16 which is funded by the Public Health Grant. The service was initially commissioned

in September 2012 and recognised the need to work with vulnerable young girls who were at risk of becoming young parents, experiencing early sexualisation, sexual exploitation, entering into coercive relationships or domestic abuse.

- 1.2. On 1<sup>st</sup> October 2018, following a competitive procurement and period of mobilisation, a new contract commenced with Barnardo Service Ltd. This contract was for 2 years with an option to extend for one year and then a further year.
- 1.3. This contract monitoring paper focuses on the service provided during the first year of the contract and provides the purpose, performance, outcomes, value for money and strategic direction of the service.

## **2. Why invest?**

- 2.1. The service is part of KCC's prevention and early intervention offer supporting children who have been exposed to Adverse Childhood Experiences (ACEs) such as sexual exploitation, coercive and abusive relationships and familial domestic abuse. The draft Kent and Medway Domestic Abuse Strategy 2019-2022 reports that nearly 2 million<sup>i</sup> people a year in England and Wales experience domestic abuse.<sup>ii</sup>
- 2.2. There is growing evidence linking ACEs to poor outcomes, extending well into adulthood and impacting on mental health and social wellbeing<sup>1</sup>. Domestic abuse, for example, impacts upon future generation's attitude towards relationships, parenting, self-esteem and mental health. Children who are exposed to adversity and are traumatised can find it difficult to learn, RSE that is taught in schools may not address the more complex and abusive experience of relationships experienced by these girls and young women.
- 2.3. The service delivers a psychoeducation intervention and builds resilience and self-efficacy in those at greater risk. Using resilience promoting, trauma informed and cognitive behavioural therapy (CBT) techniques, the girls and young women are able to build their understanding of relationships and sex and build their confidence in putting that understanding into practice.
- 2.4. Building relationships with these young women, and giving them permission to talk about their experiences, has led to the disclosure of sexual exploitation, self-harm, historic domestic abuse and cohesive familial and peer relationships.
- 2.5. There has been renewed focus nationally on Relationship and Sex Education (RSE) for children. RSE for secondary pupils is statutory from September 2020.
- 2.6. There is not a statutory duty to provide the service, but investment supports the PHE Framework for Teenage Pregnancy, NICE guidelines PH51 (Appendix 1) and contributes to achieving KCC's strategic vision to ensure that children and young people in Kent get the best start in life. (Appendix 2).

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<sup>i</sup> Office for National Statistics (2018) 'Domestic Abuse in England and Wales: year ending March 2018' available at <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

<sup>ii</sup> This figure excludes children witnessing abuse

### 3. What does the service provide?

- 3.1. The service delivers a RSE and emotional resilience-based intervention. This intervention ensures young people have access to relationships and sex education, which enables them to make informed choices about the emotional and physical relationships they have, and the confidence and emotional resilience to enact those choices. The service has a target to provide support to a minimum of 250 young people each year in Kent. Approximately 75% of interventions are undertaken on an individual basis and approximately 25% are undertaken as a group.
- 3.2. Referrals are made via a single point of access with a dedicated telephone line and service email address. Following a holistic assessment and triage the young person and their assigned project worker jointly develop a strengths-based and outcome focused personalised support plan. The plan includes a structured method of intervention (Appendix 3) for up to 12 weeks including:
  - **Family work**, which focuses on developing parent/carer empathy and an understanding of drivers behind the young person's presenting behaviours. The Project Worker encourages positive young person/parent/carer relationships to enable parent/carers to support objectives in the young person's plan and provide appropriate care, guidance and safety
  - **Individual psychoeducational life skills sessions** that include **psycho-therapeutic elements** utilising CBT, a domains based approach (see Appendix 4) and strategies to help the young person understand the relationship between their thoughts, feelings, behaviours, and to develop positive coping strategies. Sessions introduce awareness of abusive behaviour, sexual health and contraception, informed consent, Child Sexual Exploitation (CSE) and keeping safe in the community and online.
  - **Group-based psychoeducational life skills sessions** focus on topics including; self-esteem, anxiety management, positive communication skills, developing healthy relationships, CSE awareness, sexual health and recognising coercive/abusive relationships. Approximately 25% of interventions are undertaken on an individual basis.
- 3.3. Sessions take place wherever the young person feels most comfortable. This is largely at school and sessions are delivered during school hours. Sessions are also held in local communities, for example at a Children's Centre or Youth Hub as appropriate. The Project Worker assertively outreaches to the young person; not giving up if they are "hard to engage", as this is often associated with increased vulnerability.
- 3.4. Post intervention, the service offers a telephone mentor for 2 supportive sessions, however these are not always taken up by young people. An ongoing support plan is also put in place which details outcomes, any unmet needs, ongoing actions, onward referrals/signposts e.g. METRO for sexual health and Addaction for substance misuse and any ongoing support from the service. Parents, carers and young people are also signposted to the HeadStart Kent Resilience Hub and Kooth online counselling services.

#### **4. Who is the service for?**

- 4.1. The service is aimed at 10-16-year-old young females and young people who present as trans or gender variant<sup>i</sup> living in Kent in line with identified needs. However, with agreement from KCC on an individual basis, other ages may be accepted where there is a clearly identified need and the intervention is deemed appropriate.
- 4.2. These individuals will have been exposed to adversities in their lives (ACEs). Without trauma informed RSE intervention these young people will be at significantly increased risk of:
- Early sexual activity
  - Conceiving under the age of 16
  - Conceiving under the age of 18
  - Sexually Transmitted Infections (STIs)
  - Mental health conditions
  - Disengagement from education and training
  - Low self-esteem
  - Risk taking behaviours including substance misuse
  - Forming inappropriate or abusive relationships
  - Becoming engaged in the criminal justice system
  - Becoming a Child in Care

#### **5. How is it delivered in Kent?**

- 5.1. A competitive procurement process was undertaken in Summer 2018. The tender opportunity was published in two lots, one for East Kent and one for West Kent. This was to support local VCS and funding in line with need. A contract for both lots was awarded to Barnardo Services Ltd. Barnardo's is a Charity with a wealth of expertise in this area and on a journey towards becoming a fully trauma informed and trauma responsive organisation<sup>ii</sup>.
- 5.2. The contract runs from 1st October 2018 to 31st September 2020. There is the potential for the contract to be extended for a further 2 year period in 12 month increments. Commissioners are currently reviewing the service, as part of the commissioning cycle, to inform future timely commissioning decisions.
- 5.3. The workforce includes clinical psychologists, level 4 qualified project workers and volunteers (university psychology students). Staff are allocated to geographical areas.
- 5.4. As part of the wider pathway the team work closely with, and receive referrals from:
- Single Point of Access for emotional and mental health

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<sup>i</sup> Trans young people are disproportionately affected by depression, anxiety, self-harm and suicidality; their mental health is significantly undermined by transphobic victimisation, METRO 2016 'Life Chances' <https://www.metrocentreonline.org/research>

<sup>ii</sup> <https://www.barnardos.org.uk/news/barnardos-embarks-charity-wide-training-project-all-staff>

- Specialist Mental Health Services
- Integrated Children's Services (including Open Access and HeadStart Kent)
- Providers of adult Domestic Abuse services
- Schools
- Health professionals and GPs
- Self-referral

## 6. What does good look like and how is the service performing?

- 6.1. The Service performance is monitored by the Public Health Commissioning Team to ensure that it delivers against the expected outcomes and quality standards. The key performance indicators, activity metrics and quality indicators include user satisfaction rates, number accessing the service, wait times, outcomes (as expressed by the young person) and ongoing support. More information relating to these is set out below and provided in Appendix 5 and 6.
- 6.2. **Service user experience:** has remained at a consistently high level with an average positive feedback of 89%, which exceeds the target of 85%. The service also collects regular feedback in the form of case studies (Appendix 6) and uses learning to improve service.
- 6.3. **Access to service:** 284 young people were referred to the service within the first year of the contract. Reasons for referral are provided in Appendix 5 and approximately 53% of these young people were already known to Integrated Children's Services (ICS), including approximately 11% who were Children in Care. 100% of referrals were contacted within 48 hours upon receipt of referral, as per the contractual target. There was an average wait of 5 weeks between the referral and an intervention commencing, which is lower than the target of 6 weeks.
- 6.4. **Activity:** Barnardo's proactively promote the service in a variety of settings, including attending team meetings for Early Help and Social Care, school pastoral teams, domestic abuse forums and multi-agency meetings. In the first year of the contract performance was slightly below the target of 250 participants and the service worked with 240 girls and young women. The service was in a transition period for the first few months of the contract following a short mobilisation timeframe over the summer holidays. The service is on track to deliver to at least 250 participants this year (between September 2019 and August 2020) and works with an average of 24 participants a month. Notably, referrals from ICS are continuing to increase.
- 6.5. **Meet individual outcomes (as expressed by the young person):** 97% of young people completed the intervention successfully. Where an intervention was not fully completed it was because the young person felt that they no longer required support. The service takes a flexible but structured approach so that interventions, including the number of sessions, can be individualised.
- 6.6. **Improved ongoing support:** The service introduced individualised co-produced ongoing support plans in July 2019. Since introduction, 82% of young people completing an intervention have decided to develop a plan. All service users completing an intervention are signposted to the Kent Resilience Hub and referred to other support

services as appropriate. On average 1 referral a month is made to the Integrated Children’s Services Front Door.

6.7 **Longer term impact:** It is challenging to measure the long-term impact of early intervention services such as BeFree. This is due to a range of confounding factors and the time limited nature of the service. Commissioners are working with the provider to increase the number of participants providing post intervention feedback at 6 and 12 months to better access longer term outcomes.

## 7. How much does it cost?

7.1. The total contract value is £385,197 (October 2018 – September 2020) with a potential further £386,122 should the two years contract extension be utilised. Needs analysis identified a greater demand in East Kent and therefore funding has been proportioned in line with service usage targets as follows;

	Year 1 (October 2018 – 31 <sup>st</sup> September 2019)	Year 2 (October 2019 – 31 <sup>st</sup> September 2020)	Year 3 (October 2020 – 31 <sup>st</sup> September 2021)	Year 4 (October 2021 – 31 <sup>st</sup> September 2022)
West Kent	£ 85,800.00	£ 83,686.68	£ 84,524.00	£ 85,369.68
East Kent	£ 109,200.00	£ 106,510.32	£ 107,576.00	£ 108,652.32
Total	£ 195,000.00	£ 190,197.00	£ 192,100.00	£ 194,022.00

## 8. Risk and Service Improvement

8.1. Risks are monitored using a shared risk register with the service. Key risks for the service include increased demand impacting wait times, challenges engaging other key services to ensure timely and appropriate referrals and engaging young people who are not in education and are therefore potentially at greater risk. A number of mitigating actions are in place to address risks.

8.2. Commissioners are currently reviewing the service, as part of the commissioning cycle, to inform future timely commissioning decisions. Initial findings from the review include;

- The service is performing well. The service currently works with girls and young women who are at greater risk of experiencing ACEs such as sexual abuse and coercive relationships, which impact on their future relationships, their sexual and mental health.
- A different approach is required for those not in education or who have a reduced timetable.
- Demand for services continues to increase, notably from Integrated Children’s Services (ICS).
- Schools appear to be under pressure to identify support for young people and sometimes refer to the service inappropriately.
- The service should continue to engage with partners from whom they have not received any referrals including GP’s and the Police.
- There is an opportunity to increase delivery in the community, in line with a young person’s wishes.
- Service targets (KPIs) do not take account for complexity of needs.

- Volunteer mentors are increasing but there are not currently enough.
- There may be opportunities to align access to the service with the Single Point of Access for emotional and mental health.

## 9. Conclusions

9.1. The Kent Targeted Relationships and Sex Education and Emotional Resilience Intervention delivers a RSE and emotional resilience-based intervention to a minimum of 250 young people each year, enabling them to make informed choices about the emotional and physical relationships they have and develop the confidence and emotional resilience to enact those choices.

9.2. In the first year of the Contract the service has performed well and met or exceeded the majority of targets. The service continues to improve its ongoing support offer for the young people through the recruitment, training and supervision of volunteer mentors.

9.3. The Contract ends on the 31 September 2020. A service review is currently being undertaken to inform future commissioning decisions. Initial findings have identified a number of potential opportunities for the service.

## 10. Recommendations

10.1. The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the performance of the contract and the initial findings of a review of the service that will inform a commissioning decision in March 2020.

11. **Background documents:** none

## 12. Contact Details

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